

<b>SERIAL NUMBER</b> <p style="text-align: center;">09/472,838</p>	<b>FILING DATE</b> <p style="text-align: center;">12/28/99</p>	<b>CLASS</b> <p style="text-align: center;">370</p>	<b>GROUP ART UNIT</b> <p style="text-align: center;">2739</p>	<b>ATTORNEY DOCKET NO.</b> <p style="text-align: center;">500.35522CX1</p>
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**APPLICANT**

SHINICHI HAMAMOTO, YAMATO-SHI, JAPAN; KEN WATANABE, KAWASAKI-SHI, JAPAN;  
KAZUAKI TSUCHIYA, YOKOHAMA-SHI, JAPAN; NAOYA IKEDA, EBINA-SHI, JAPAN.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
**VERIFIED**      THIS APPLN IS A CON OF      08/887,123 07/02/97, US Pat. 6,038,233

my

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
**VERIFIED**

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**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
**VERIFIED**      JAPAN      08-174768      07/04/96

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/07/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>my</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> <p style="text-align: center;">JPX</p>	<b>SHEETS DRAWING</b> <p style="text-align: center;">11</p>	<b>TOTAL CLAIMS</b> <p style="text-align: center;">17</p>	<b>INDEPENDENT CLAIMS</b> <p style="text-align: center;">6</p>
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**ADDRESS**

SEE CUSTOMER NUMBER: 020457

  

**TITLE**

TRANSLATOR FOR IP NETWORKS, NETWORK SYSTEM USING THE TRANSLATOR, AND  
IP NETWORK COUPLING METHOD THEREFOR

  

<b>FILING FEE RECEIVED</b> <p style="text-align: center;">\$994</p>	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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